

**Application (Please type or print in ink.)**

**University of Arkansas - Monticello Jazz Camp July 19 – 23, 2010**

Name \_\_\_\_\_ Age \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of School (May 2010) \_\_\_\_\_

Name of School (Sept. 2010) \_\_\_\_\_

Grade (Sept. 2010) \_\_\_\_\_ Sex Male[ ] Female [ ] Race \_\_\_\_\_  
(if applicable)

Date of Birth \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Parents Name(s) \_\_\_\_\_ Business Phone \_\_\_\_\_

Instrument You Play \_\_\_\_\_ Brand \_\_\_\_\_ Serial Number \_\_\_\_\_

Choice of Roommate (if any) \_\_\_\_\_ Roommate's School \_\_\_\_\_

Please indicate: Beginner, Intermediate, or Advanced.

Level of Jazz Proficiency \_\_\_\_\_ Level of Jazz Improv Proficiency \_\_\_\_\_

Level of Jazz Theory \_\_\_\_\_ Level of Jazz Arranging \_\_\_\_\_

**Payment and Deadline**

I Plan to Attend:

[ ] On Campus (\$210, July 19-23)

[ ] Off Campus (\$125)

If you plan to attend the band camp we must receive your application and payment by July 1, 2010. **No refunds after July 1st.** For students planning to stay on campus, applications will be accepted until the above deadline or until the dorms have been filled. So, the earlier you apply the better.

*Full payment must accompany this application.*

**Make check payable to: UAM Jazz Band Camp.**

**In case of Emergency**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, recognizing and being fully aware of the potential dangers involved, authorize band camp staff to transport my child to a physician or emergency room if necessary for medical care and I specifically release the staff member from any liability whatsoever except for acts of gross negligence. Signature \_\_\_\_\_ Date \_\_\_\_\_

In case of any medical emergencies it is a requirement to send an insurance card with your child to band camp.

Emergency Telephone Numbers: \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Any medical problems or conditions? \_\_\_\_\_

Please list any allergies you may have (if none please write "none" in the blank) \_\_\_\_\_

Current Medications \_\_\_\_\_

Tetanus/Diphtheria \_\_\_\_\_

**Mail Your Application and Payment To:** Cashier Office - Jazz Band Camp

Questions: *saxman91254@yahoo.com*  
Gary Meggs

P.O. Box 3597  
Monticello, AR 71656